

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4004

0110

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5127 Registrar's No. 158

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural NE of Dearborn.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural NE of Dearborn, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Twsp.</u>		d. STREET ADDRESS (If rural, give location) <u>Jackson Twsp.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>Lee</u> c. (Last) <u>Molt</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb.</u> <u>10</u> <u>1950</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>17 Mar. 13, 1950</u>
<b>9. AGE</b> (In years last birthday) <u>32</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>home</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>Charles Johnston</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Alice Spory</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Clarence Molt</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u>		<b>16. SOCIAL SECURITY NO.</b> <u>XX</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Clarence Molt</u> <u>Dearborn, Mo.</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hemorrhage (cerebral)</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Tumor</u> DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>253X</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></b>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>Jan 1</u>, 19<u>50</u>, to <u>2-10</u>, 19<u>50</u>, that I last saw the deceased alive on <u>2-5</u>, 19<u>50</u>, and that death occurred at <u>7 a.</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>S. E. Durham M.D.</u>		<b>23b. ADDRESS</b> <u>Dearborn Mo</u>	
<b>23c. DATE SIGNED</b> <u>2-11-50</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>2-12-50</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>OLD FRAME CEM</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>BUCHANAN MO.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Feb. 13, 1950</u>		<b>REGISTRAR'S SIGNATURE</b> <u>E. B. Perkins</u> <u>382</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b>		<b>ADDRESS</b> <u>VAUGHN-AUFERANCE DEARBORN, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*W. R. Vaughan*

Licensed Embalmer No. *4023*

P. O. Address *Weston, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.